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11	Counsel to the Official Committee of Tor	ort Claimants	
12	UNITED STATES BANKRUPTCY COURT		
13			
14	NORTHERN DISTRICT OF CALIFORNIA		
15	SAN FRANCISCO DIVISION		
16	In re:	Bankruptcy Case No. 19-30088 (DM)	
17	PG&E CORPORATION	, ,	
18	-and-	Chapter 11 (Lead Case)	
	PACIFIC GAS AND ELECTRIC	(Jointly Administered)	
19	COMPANY, Debtors.	DECLARATION OF ROGER K. PITMAN, M.D. IN SUPPORT OF	
20	□ Affects PG&E Corporation	OBJECTION OF THE OFFICIAL COMMITTEE OF TORT	
21	☐ Affects Pacific Gas and Electric	CLAIMANTS TO THE DEBTORS' MOTION PURSUANT TO 11 U.S.C.	
22	Company	§§ 105(a) AND 502(c) FOR THE ESTABLISHMENT OF WILDFIRE	
23	■ Affects both Debtors	CLAIMS ESTIMATION PROCEDURES (Dkt. No. 3091)	
24	*All papers shall be filed in the Lead	Date: August 14, 2019	
2526	Case, No. 19-30088 (DM)	Time: 9:30 a.m. (Pacific Time) Place: United States Bankruptcy Court	
27		Courtroom 17, 16 Floor San Francisco, CA 94102	
28		J San Francisco, CA 74102	
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I, Roger K. Pitman, M.D., declare and state as follows:

Qualifications

- 1. I am a psychiatrist with over 50 years of experience practicing medicine. I have spent my career diagnosing, treating, and researching Post-Traumatic Stress Disorder (PTSD) and other stress- and trauma-related mental disorders. I am the Director of the Post-Traumatic Stress Disorder Research Laboratory at the Massachusetts General Hospital, which performs psychobiological research into the assessment, pathophysiology, prevention and treatment of PTSD. I am a Professor of Psychiatry at the Harvard Medical School, where I supervise medical students, psychiatric residents, psychology trainees, and junior faculty. I am certified by the American Board of Psychiatry and Neurology in the Specialty of Psychiatry and the Subspecialty of Forensic Psychiatry. I am a Distinguished Life Fellow of the American Psychiatric Association. In 2004, I was awarded the International Society for Traumatic Stress Studies (ISTSS) Award for Outstanding Scientific Achievement in the Field of PTSD. In 2009, I was awarded the ISTSS Lifetime Achievement Award. I have been listed in the Castle Connolly Top Doctors in America.
- 2. In my role as Director of the PTSD Research Laboratory at Massachusetts General, my main duty is to conduct research into PTSD. I also treat patients. From 1973 to the present, I have practiced psychiatry at various institutions in the United States, including the Naval Regional Medical Center in Newport, Rhode Island (1973-1975), the VA Medical Center in Bedford, Massachusetts (1975-1978), the VA Medical Center in Memphis, Tennessee (1978-1980), the VA Medical Center in Manchester, New Hampshire (1980-2000), the Clinical Research Center at the Massachusetts Institute of Technology (2000-2005), and the Massachusetts General Hospital in Boston, Massachusetts (1997 to the present). I have also maintained a part-time private practice in forensic psychiatry

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since 1986.

3. I have taught psychiatry since 1976, at Boston University School of Medicine (1976-1978), University of Tennessee Center for the Health Sciences (1978-1980), Dartmouth Medical School (1981-1987), and Harvard Medical School (1986-present). I have served on a number of editorial boards and committees in the field. I collaborated with a group of advisors to author the chapter on PTSD in the Fourth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-4), which at the time was the authoritative diagnostic guide used by mental health professionals. I have published more than 150 peer-reviewed, research and academic articles and book chapters on PTSD and other trauma- and stress-related disorders. I am last (senior) author of the chapter on Trauma- and Stressor-Related Disorders in the current American Psychiatric Association Publishing *Textbook of Psychiatry*.

4. I have been qualified by state and federal courts and courts-martial as an expert in the field of forensic psychiatry, and I have testified as an expert in psychiatry in depositions and trials in many litigations. If called upon, I could and would competently testify to the following.

Background

5. I have reviewed accounts of the fires and wildfires that destroyed areas of Northern California between 2016-2018 that are at issue in this matter, specifically, the fire referred to as the "Camp Fire" in 2018, the fires referred to as the "North Bay Fires" in 2017, and the fire referred to as the "Ghostship fire" in 2016, which was a fire in a warehouse that killed 36 people (collectively referred to as the "Fires"). I have reviewed coverage of the Fires from major newspapers and media outlets, such as the *New York Times*, the *San Francisco Chronicle*, the *Los Angeles Times*, Time Magazine, CNN, and ABC. I have reviewed narratives

¹ F.J. STODDARD, N.M. SIMON, R.K. PITMAN, *Trauma- and Stressor-Related Disorders* in TEXTBOOK OF PSYCHIATRY 393-436 (Am. Psychiatric Association Publishing 7th ed. 2019).

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describing events that occurred during the Fires. I have also watched videos of Claimants escaping. Many of these Claimants appear to have physically encountered the Fires and even to have been surrounded by them, appear to have had seconds to flee the impending flames, appear to have been stuck in traffic with family members (some of whom were children or elderly), while they attempted to flee, and appear to have watched loved ones and others suffer or die from the Fires.

- 6. Through these accounts and others, I understand that many Claimants experienced and/or witnessed a significant level of traumatic exposure, in which they either suffered or feared suffering burns on their body and/or believed they or family members would die or suffer serious physical injury as a result of the Fires.
- 7. For example, I have read or viewed stories of: a woman who was overtaken with smoke and survived only by finding help from firefighters who were themselves stuck in traffic with flames blocking their escape (see https://www.cnn.com/2018/11/13/us/california-wildfires-woolsey-camp-hilltestimonies/index.html); a woman who fled on foot, abandoning her car in an intersection where cars were burning only to learn later that people were found burned to death in the same intersection (see https://www.cnn.com/2018/11/13/us/california-wildfires-woolsey-camp-hilltestimonies/index.html); a hospital worker who drove ICU and hospice patients through flames to safety (see https://time.com/5459508/paradise-survival-chaplaincamp-fire/); a police officer who rescued a woman from a wheelchair from the side of the road (see https://abc7news.com/video-first-responders-rescue-woman-tryingto-escape-camp-fire-in-a-wheelchair/4692057/); a married couple who tried to escape the flames that had overtaken their home by sheltering in their swimming pool (only the husband survived) (see https://www.sfgate.com/bayarea/article/Forced-by-Wine-Country-fire-into-aswimming-pool-12274789.php); another married couple who attempted to shelter in their pool, submersing themselves and coming up for air repeatedly for many

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hours while their home burned nearby, suffering from smoke inhalation (see		
https://abc7news.com/lawsuit-filed-against-pg-e-for-practices-causing-north-bay-		
fires/2647696/; https://www.pressdemocrat.com/news/8772382-181/im-not-sure-		
how-you); a family that was separated in the flames, the son died and the daughter		
and mother were stranded with the son's body while the father left for help (the		
daughter died weeks later as a result of her injuries) (see		
https://projects.sfchronicle.com/2019/redwood-fire-victims/); a father and young		
child who fled the Fires in their car, fighting traffic, all while the father attempts to		
calm his daughter by singing despite the extremely traumatic events unfolding		
outside their window (see https://www.youtube.com/watch?v=BYikUpSx0Ro); a		
bus driver who transported elderly people from a senior living center, driving		
through flames and smoke (see https://www.pressdemocrat.com/news/8397327-		
181/santa-rosa-bus-video-shows?artslide=2; see also https://abc7news.com/video-		
shows-santa-rosa-bus-rescuing-residents-from-north-bay-fires/3569953/); a man		
who fled down a makeshift stairway while others were trapped inside a burning		
warehouse, who spent months in severe pain getting treatment for the burns on his		
body and smoke inhalation, some of the time in an induced coma (see		
https://www.mercurynews.com/2017/12/02/the-night-everything-changed-sam-		
maxwell-rises-from-the-ashes-of-ghost-ship-a-new-man/); a man who lowered		
himself out of a burning warehouse with an electrical cord (see		
https://www.courthousenews.com/witnesses-recount-escapes-from-ghost-ship-		
fire/); and a man who was on vacation and received a frantic phone call from his		
daughter who believed she was going to die (see		
https://time.com/5464667/paradise-wildfire-lawsuit-pge/). I understand these are		
only some of the events that occurred.		
Conclusions		

Conclusions

8. Several mental disorders may occur following a psychologically traumatic event such as the Claimants were exposed to when they escaped the Fires.

The most important of these is PTSD. PTSD represents a constellation of symptoms and signs including intrusive memories associated with the event, avoidance of such memories, negative alterations in cognition and mood, and hyperarousal, which confer clinically significant distress or impairment and last at least a month. Both the distress and impairment can be profound and long-lasting.

- 9. In short, first, it is my understanding that a substantial portion of the Claimants in this case were exposed to the risk of death or serious physical injury, such as suffering burns or asphyxiation. Second, an additional, substantial portion of the Claimants witnessed exposure to the risk of death or serious physical injury occurring to others, sometimes members of their immediate family. Third, an additional, substantial portion of the Claimants learned about exposure to the risk of death or serious physical injury having occurred to close relatives or friends. Fourth, an additional portion of the Claimants were involved in responding to the gruesome aftermath of the Fires.
- 10. Each of the four categories itemized in ¶ 9 above meet the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) PTSD diagnostic criterion A, which are as follows: "Exposure to actual or threatened death, serious injury, or section violence in one or more of the following ways":
 - A.1: Directly experiencing the traumatic event(s).
 - A.2: Witnessing, in person, the event(s) as it occurred to others.
 - A.3: Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - A.4: Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains...).

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See Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), at A.1-A.4.

- 11. In order to be a candidate for the PTSD diagnosis, it is only necessary to satisfy one of the above-listed criteria, A.1-A.4. In other words, a Claimant that fits into any of the above-listed four categories would be a candidate for the PTSD diagnosis. Claimants who were trapped by, encountered, or were forced to flee the Fires through flames and embers, who witnessed others being trapped by, encountering or fleeing the Fires through flames or embers, or who learned that a close friend or loved one was trapped by, encountered or was forced to flee the Fires through flames or embers would be candidates for PTSD. If a Claimant repeatedly witnessed the traumatic events, as would be the case with a first responder, he or she would also be a candidate for PTSD.
- 12. It is well-established in the literature that a substantial portion of persons satisfying one of the four prongs of the requisite traumatic event above supra ¶ 11, will go on to develop the necessary symptoms to meet the diagnostic criteria for PTSD and be so diagnosable.
- 13. A substantial portion of persons who develop PTSD will, according to DSM-5, manifest physical symptoms, such as: (a) "marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic events (i.e., traumatic reminders) (PTSD criterion B.5); (b) "exaggerated startle response" (PTSD criterion E.4); and/or (c) "sleep disturbance" (PTSD criterion E.6), which can include nightmares about the event, and insomnia or hypersomnia.
- 14. In addition to these physical manifestations of PTSD documented in DSM-5, the vast PTSD research literature documents the presence of additional, acquired physiological, and hormonal abnormalities in this condition. Persons with PTSD and other trauma- and stress-related mental disorders may suffer from other physical symptoms, including but not limited to hypervigilance, irritable or aggressive behavior, rapid heart rate, loss of appetite and weight loss, physical

sensations of the trauma, and panic attacks of various degrees of severity. Some of these findings has emanated from work conducted by my team in the PTSD Research Laboratory at the Massachusetts General Hospital.

- 15. It is now well established in the medical literature, based in part upon research from our laboratory, that PTSD is a brain disorder. Although some of the brain abnormalities found in PTSD likely existed prior to the traumatic event, some are acquired as the result of it. The latter include amygdala and anterior paralimbic hyperresponsivity, and medial prefrontal cortical hyporesponsivity, during mental imagery of the event, and diminished anterior cingulate cortex (and possibly hippocampal) volume and function. I have reviewed this literature.²
- 16. Based on my understanding of the extreme conditions many of the Claimants were exposed to, it is my professional opinion that a substantial portion will have developed PTSD or another trauma- and stress-related mental disorder. Claimants who do not meet the full diagnostic criteria for PTSD, may still develop (a) "partial PTSD," "subsyndromal PTSD," or "subthreshold PTSD"; and/or (b) a DSM-5 Adjustment Disorder or other mental disorder, such as Major Depressive Disorder (MDD), or Anxiety Disorder. Persons in any of these groups often suffer from clinically significant distress and/or functional impairment and may also show some o the same physical manifestations as PTSD, which are described above, supra ¶¶ 12-14.

² See, e.g., R.K. PITMAN, A.M. RASMUSSON, K.C. KOENEN, L.M. SHIN, S.P. ORR, M.W. GILBERTSON, M.R. MILAD & I. LIBERZON, Biological Studies of Posttraumatic Stress Disorder, in NATURE REVIEWS NEUROSCIENCE 13:769-787 (2012 ed.).

I declare under the penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed on the 1st day of August in Charlestown, Massachusetts.

Roger K. Pitman, M.D.

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